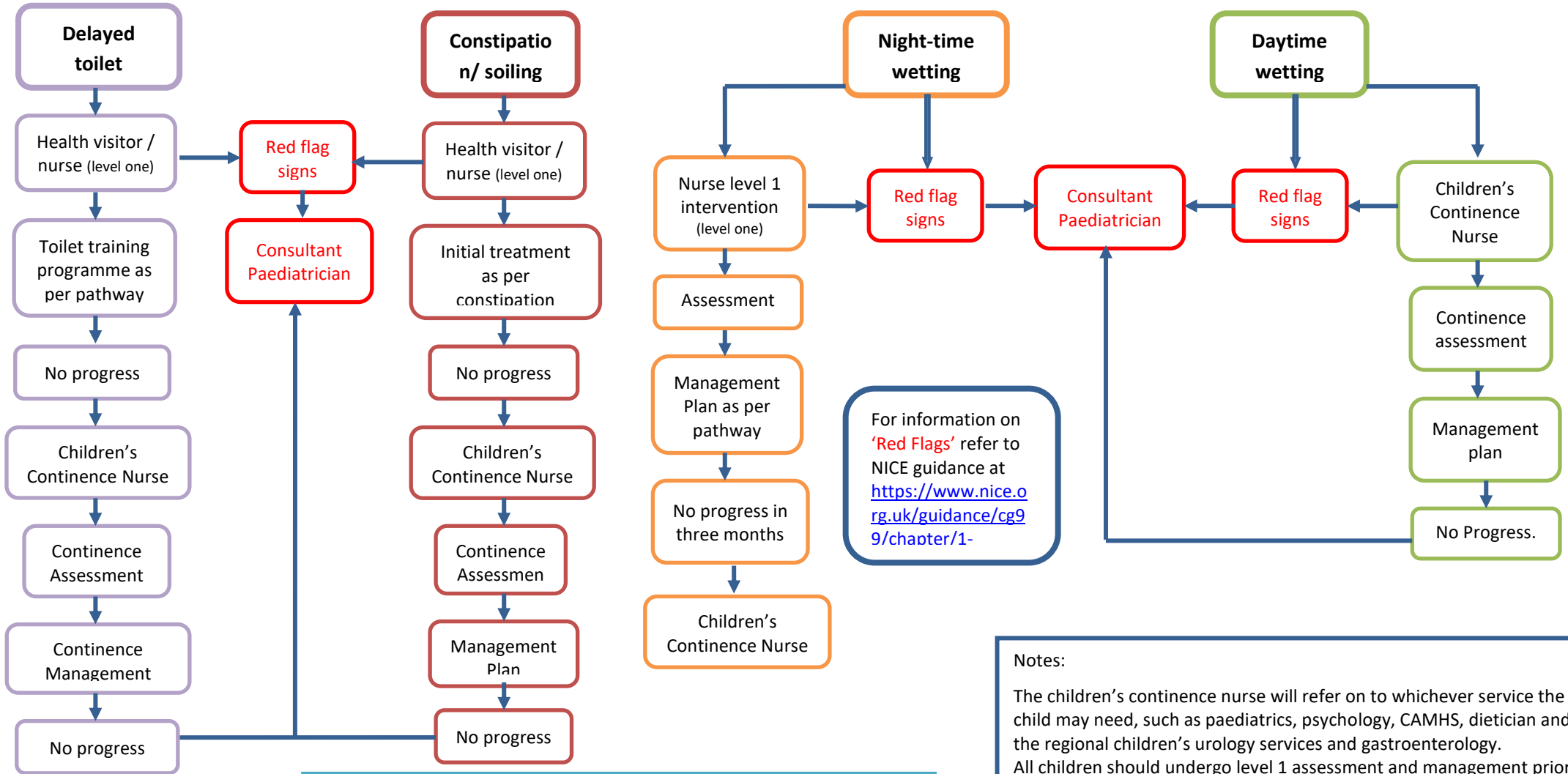


# Children's Continence Care Pathway – level 1 and 2

Child presents with bladder/bowel problem



For information on 'Red Flags' refer to NICE guidance at <https://www.nice.org.uk/guidance/cg99/chapter/1->

**Resources / Reference:**  
 National Guidance for the Provision of Continence Containment Products to Children and Young People A Consensus Document (2016) available from <https://www.bbuk.org.uk/wp-content/uploads/2019/03/Guidance-for-the-provision-of-continence-containment-products-to-children-2019.pdf>

**Notes:**  
 The children's continence nurse will refer on to whichever service the child may need, such as paediatrics, psychology, CAMHS, dietician and the regional children's urology services and gastroenterology.  
 All children should undergo level 1 assessment and management prior to referral to Children's Continence Nurse (level 2)  
 Assessment and management will follow relevant NICE Guidelines and Quality Standards  
 All healthcare professionals to be aware of safeguarding issues and follow local policies and procedures

## Children's Continenence Care Pathway Toilet training – level 1

For information on 'Red Flags' refer to NICE guidance at <https://www.nice.org.uk/guidance/cg99/chapter/1-guidance>

Discussion about toilet training to be held with families of all children at 12 month visit or on parent/carer request

Child identified with potential for delayed toilet training (e.g. child with additional needs) by health visitor, nurse or other health care professional

Initial assessment to exclude underlying bladder/bowel

Problem identified e.g. Constipation

No

Yes

Initiate toilet skill development programme based on findings from assessment – refer to OT for toileting equipment if necessary (ideally in child's 2<sup>nd</sup>)

Provide family with written information or direct to appropriate

Keep under 2-6 weekly review and adjust programme as necessary

Formal potty/toilet training programme to commence once child happily sits on potty/toilet

No progress/any concerns

Commence treatment as per appropriate pathway. Liaise with GP as necessary for medication

Liaise with /refer to Children's Continenence Nurse

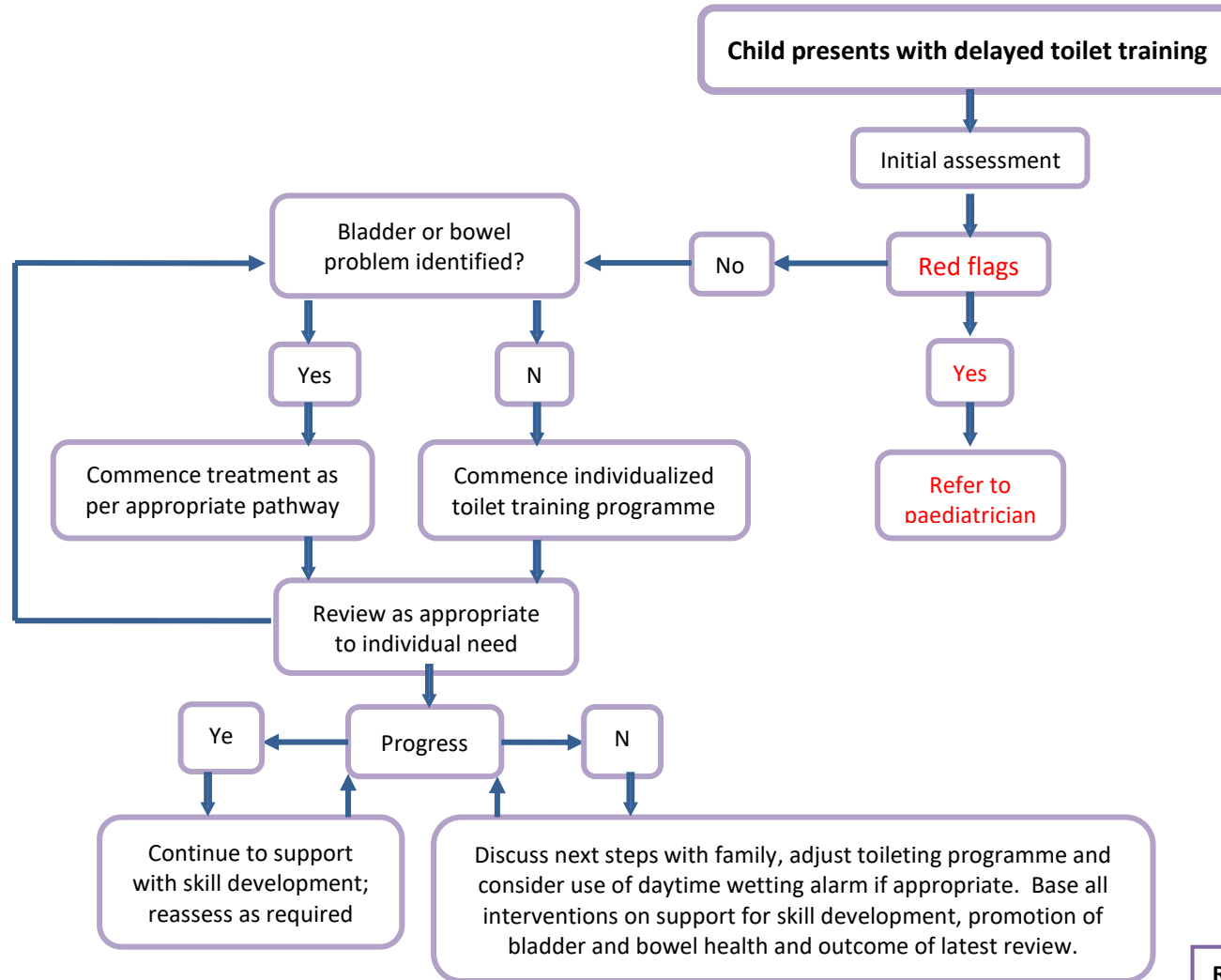
### Parallel plans for all children

Liaise with relevant healthcare professionals  
Provide written information  
Consider compliance and safeguarding issues

### Resources

- (1) Useful resources for families and carers: <http://www.bbuk.org.uk/children-young-people/children-resources/>
  - (2) Other Information for toilet training children with additional needs available at: <http://www.bbuk.org.uk/wp-content/uploads/2018/03/Information-sheet-re-Toilet-training-children-with-additional-needs.pdf>
- One Step at a Time: CD Available from Bladder and Bowel UK

## Children's Continenence Care Pathway Delayed Toilet Training – level 2



For information on 'Red Flags' refer to NICE guidance at <https://www.nice.org.uk/guidance/cg99/chapter/1-guidance>

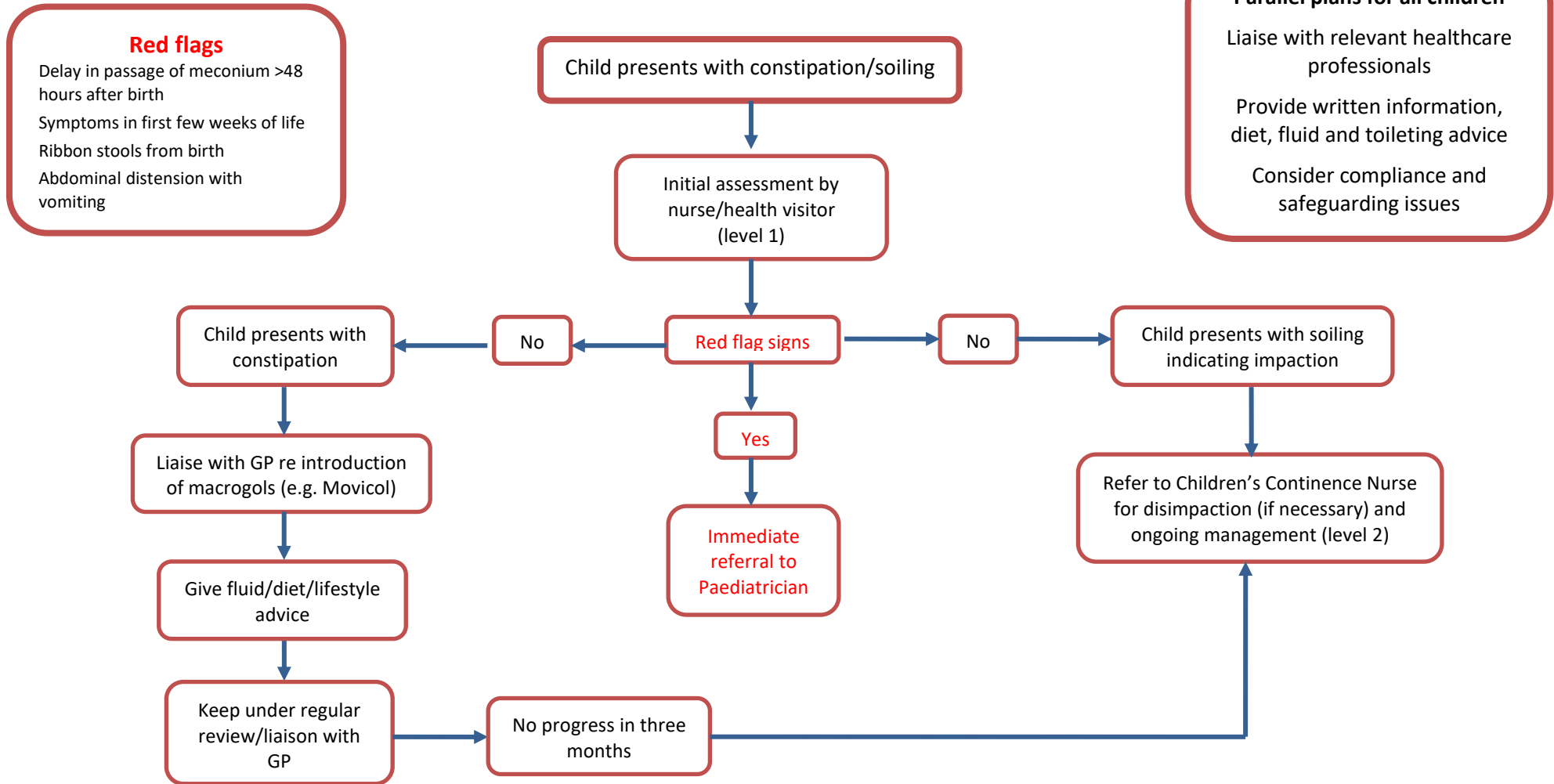
### Parallel plans for all children

- Provide appropriate explanations and written information
- Provide appropriate dietary and fluid advice
- Liaise with multidisciplinary team as appropriate to promote consistency between carers
- If the child has physical or sensory difficulties consider OT referral for appropriate toilet aids and adaptations
- Consider compliance and safeguarding issues

### Resources

For families and carers at <http://www.bbuk.org.uk/children-young-people/children-resources/>  
For professionals at <http://www.bbuk.org.uk/professionals/professionals-resources/>

# Children's Continence Care Pathway Constipation/Soiling – level 1



## Red flags

Delay in passage of meconium >48 hours after birth  
Symptoms in first few weeks of life  
Ribbon stools from birth  
Abdominal distension with vomiting

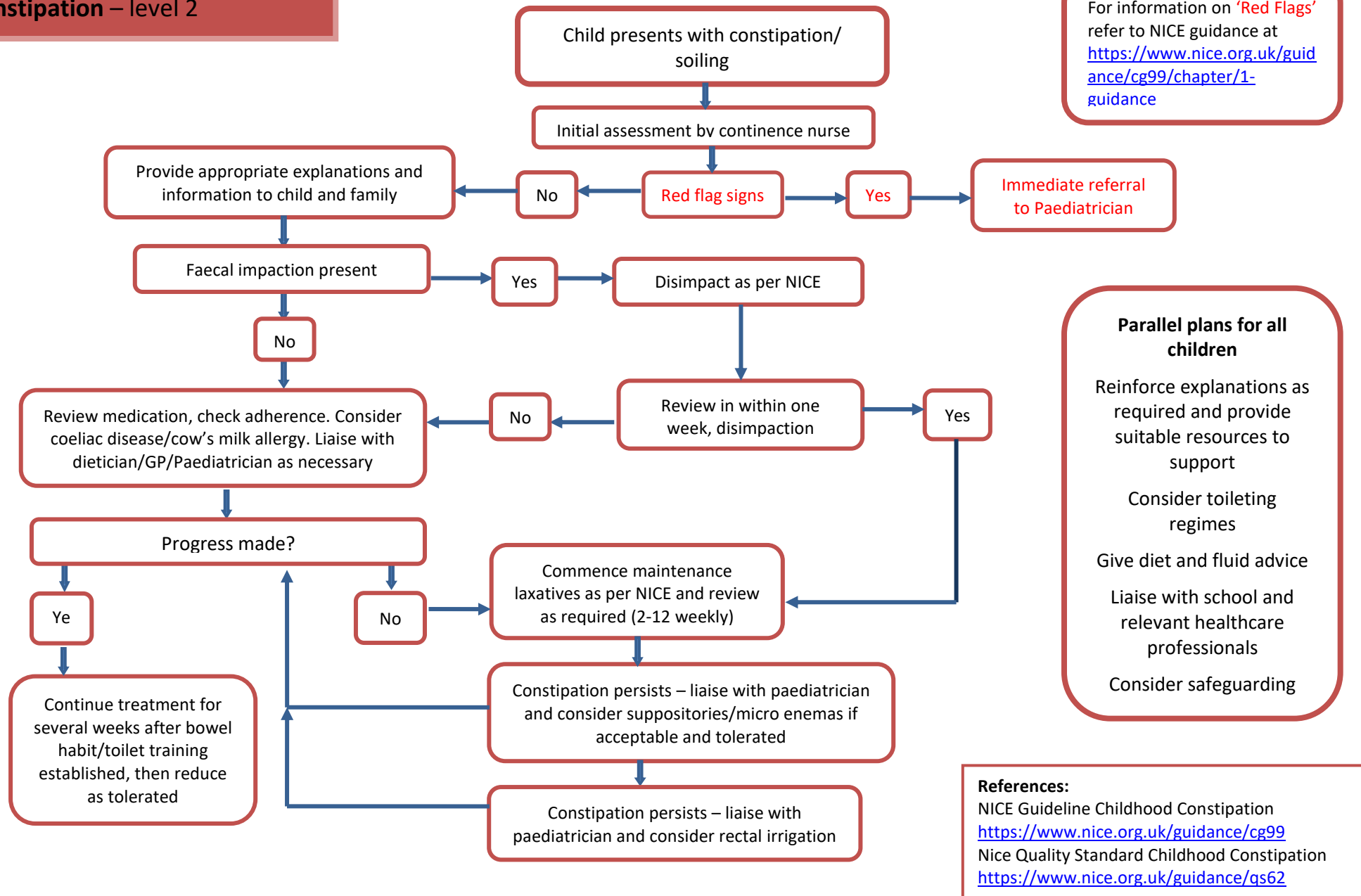
## Parallel plans for all children

Liaise with relevant healthcare professionals  
Provide written information, diet, fluid and toileting advice  
Consider compliance and safeguarding issues

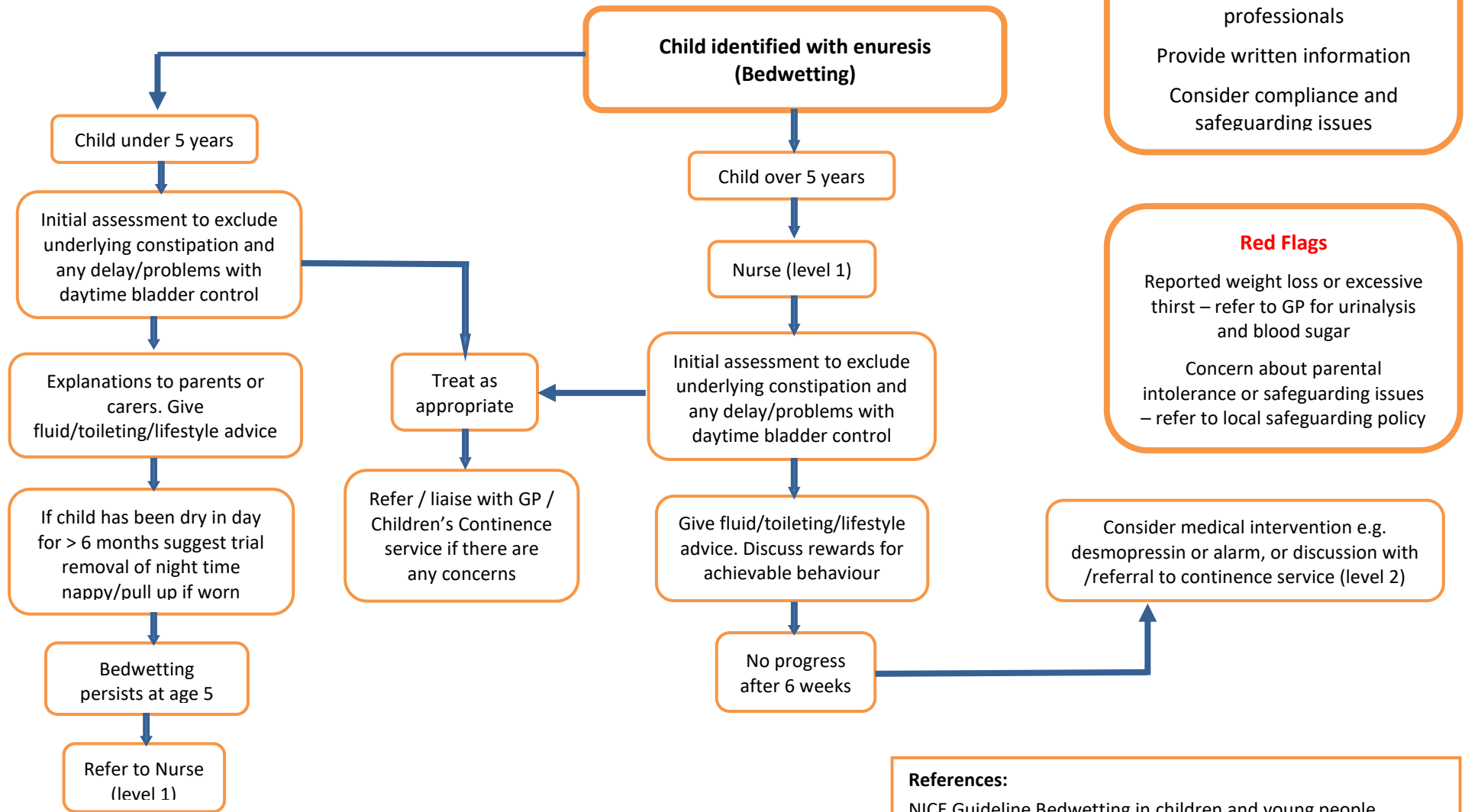
## References:

NICE Guideline Childhood Constipation  
<https://www.nice.org.uk/guidance/cg99>  
NICE Quality Standard Childhood Constipation  
<https://www.nice.org.uk/guidance/qs62>

## Children's Continenence Pathway Constipation – level 2

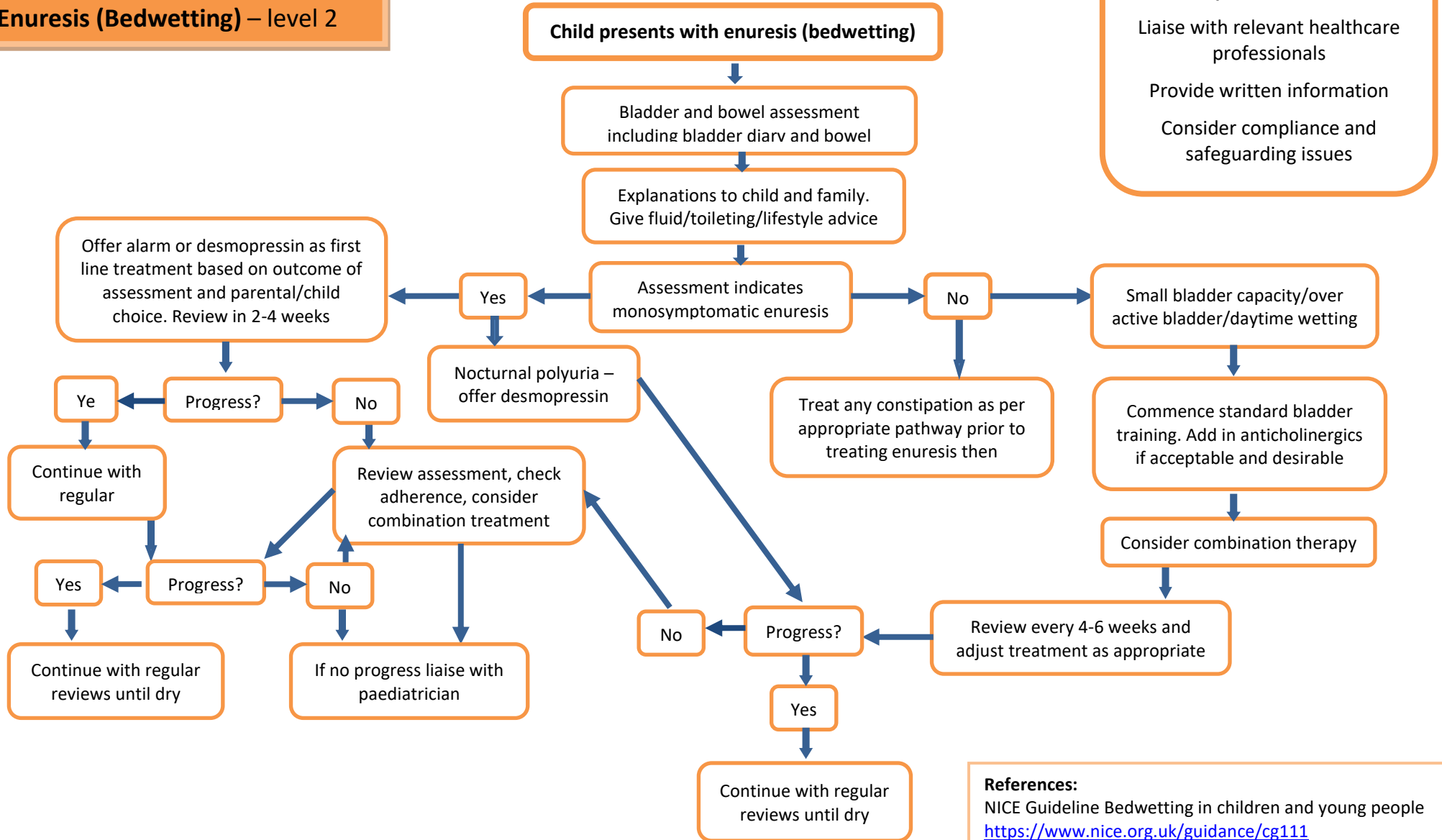


# Children's Continenence Care Pathway Enuresis (Bedwetting) – level 1



**References:**  
 NICE Guideline Bedwetting in children and young people  
<https://www.nice.org.uk/guidance/cg111>  
 NICE Quality Standard Bedwetting in children and young people  
<https://www.nice.org.uk/guidance/qs70>

**Children's Continenence Care  
Pathway  
Enuresis (Bedwetting) – level 2**



# Children's Continence Care Pathway

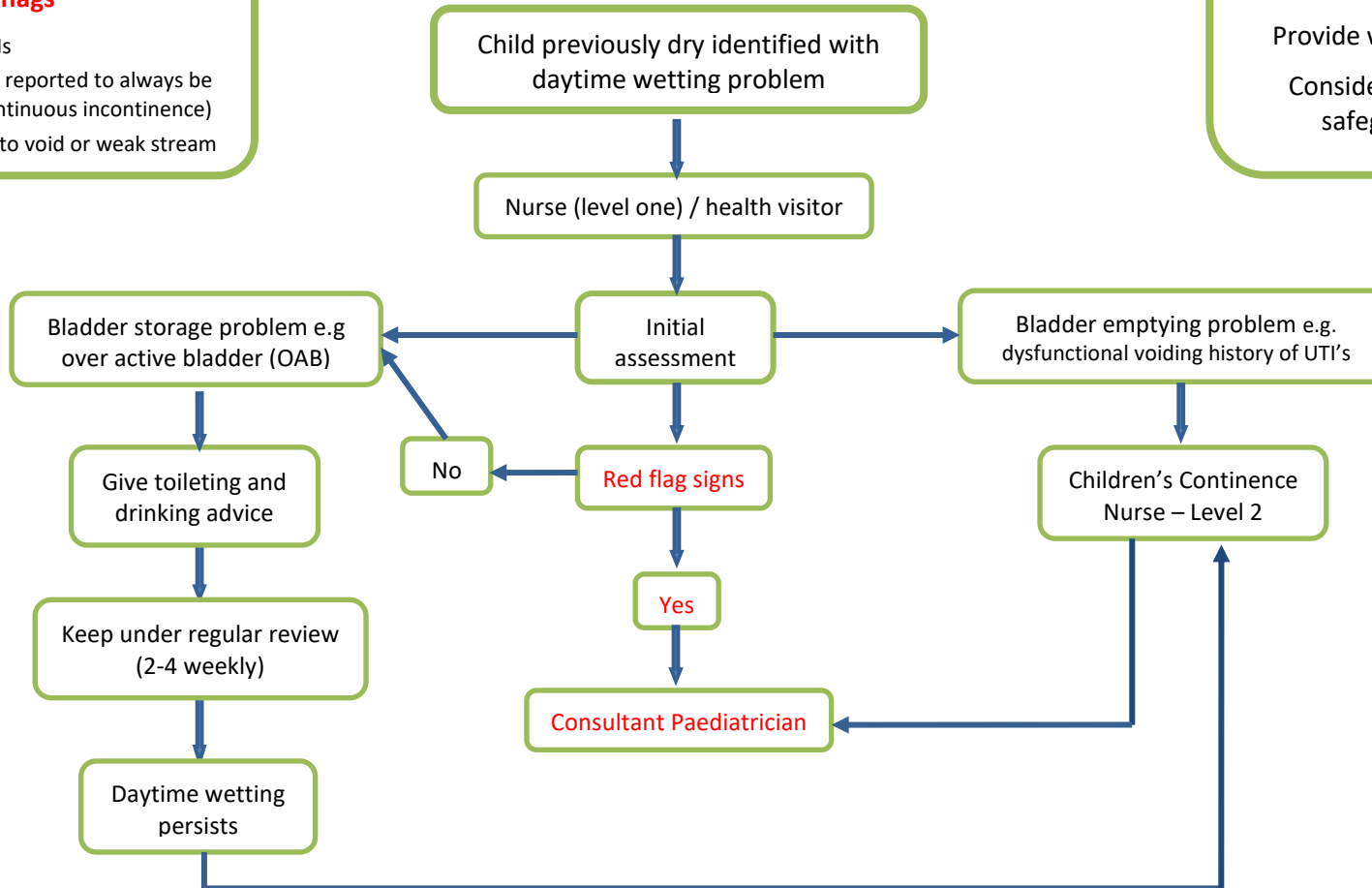
## Daytime wetting – level 1

### Red flags

History of repeated UTIs  
 Child (particularly girls) reported to always be wet during the day (continuous incontinence)  
 Any reported straining to void or weak stream

### Parallel plans for all children

Liaise with relevant healthcare professionals  
 Provide written information  
 Consider compliance and safeguarding issues



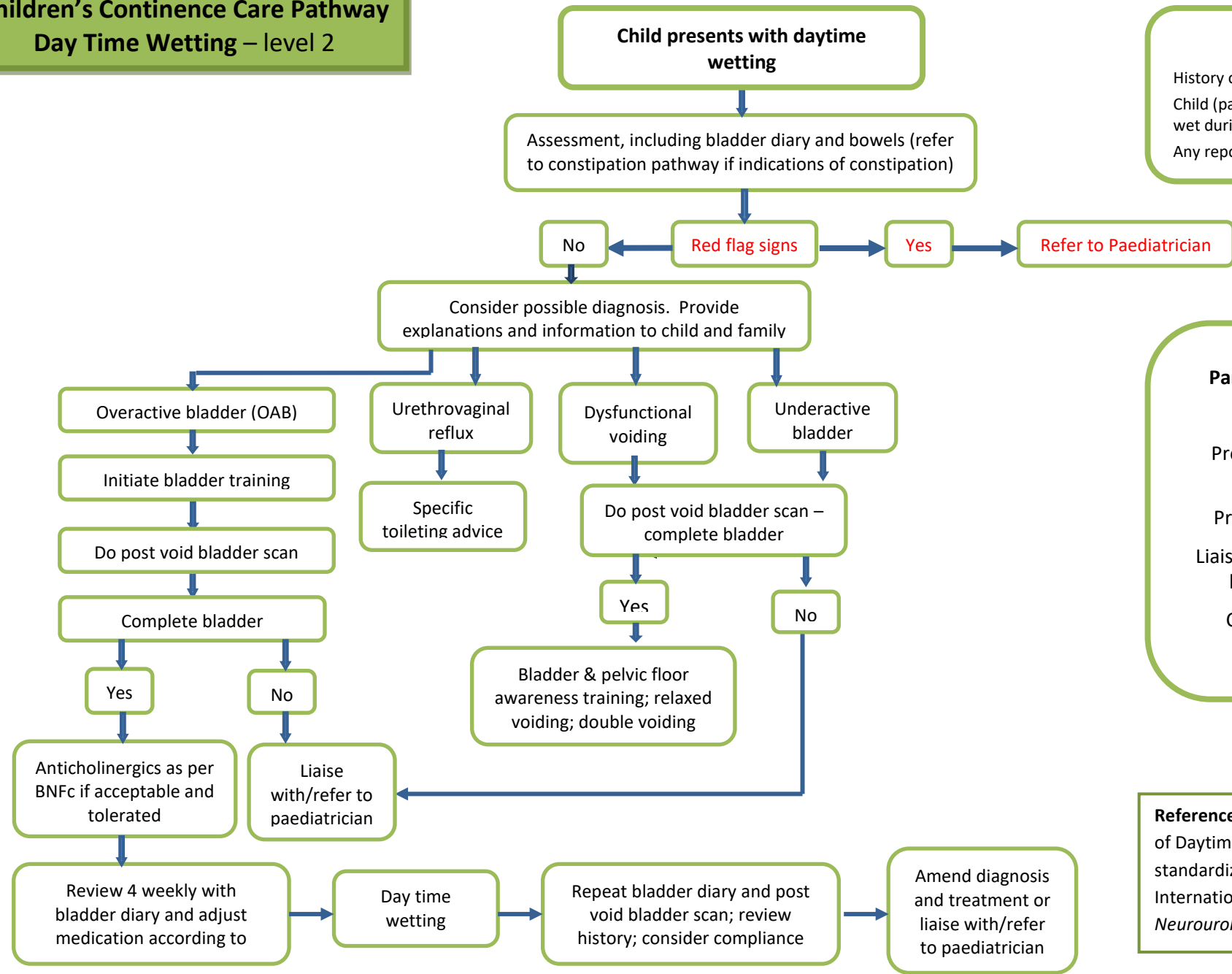
### Notes:

Provide written information and signpost to appropriate resources e.g. [www.bbuk.org.uk](http://www.bbuk.org.uk)



# Children's Continenence Care Pathway

## Day Time Wetting – level 2



**Red flags**

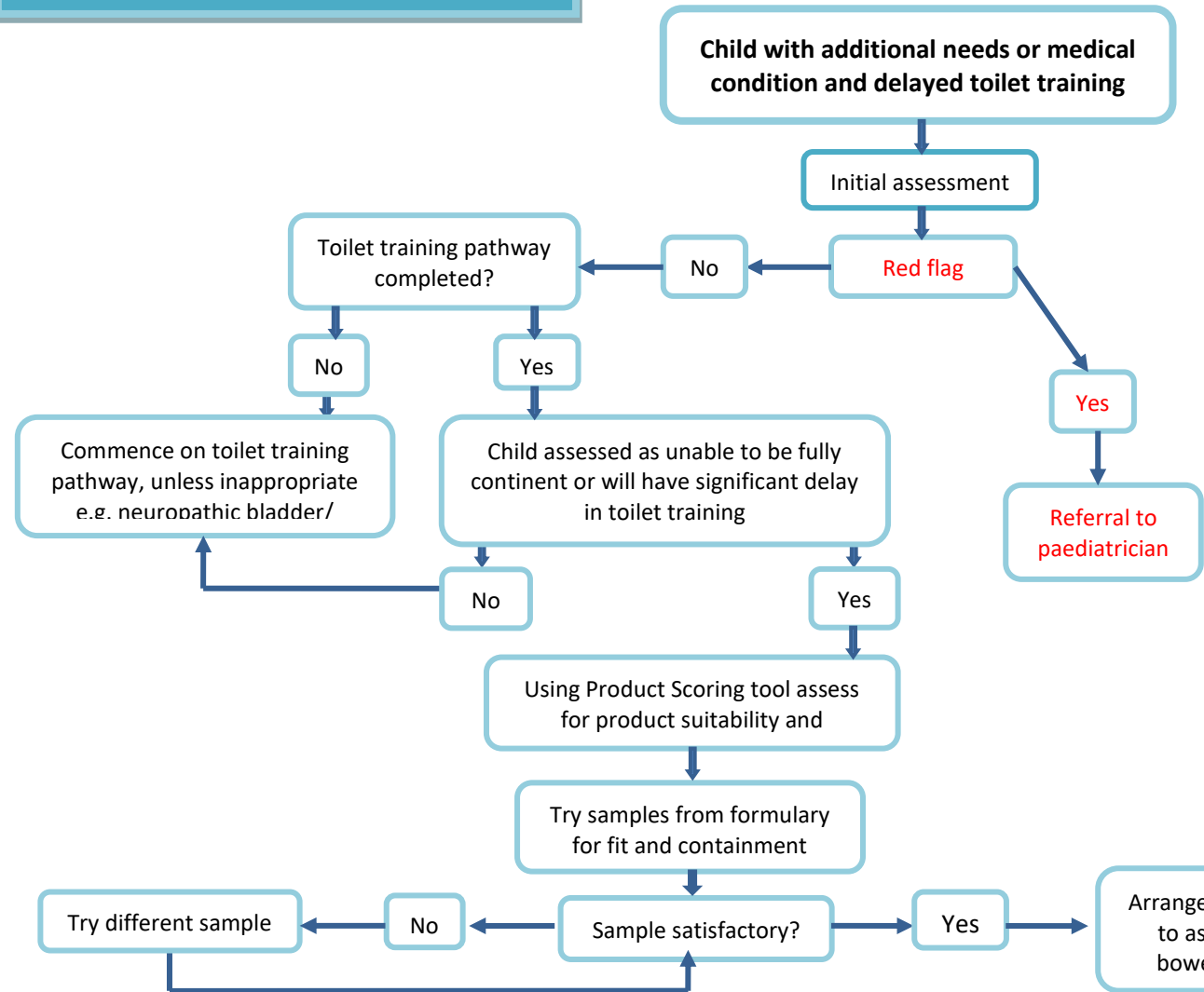
- History of repeated UTIs
- Child (particularly girls) reported to always be wet during the day (continuous incontinence)
- Any reported straining to void or weak stream

**Parallel plans for all children**

- Exclude constipation
- Provide lifestyle and bladder training advice
- Provide written information
- Liaison with school and relevant healthcare professionals
- Consider compliance and safeguarding issues

**References:** Chang S et al (2017) Treatment of Daytime Urinary Incontinence: A standardization document from the International Children's Continenence Society *Neurourology and Urodynamics* 36, 43-50

**Children's Continenence Care Pathway**  
**Product provision – level 2**



For information on 'Red Flags' refer to NICE guidance at <https://www.nice.org.uk/guidance/cg99/chapter/1-guidance>

**Parallel plans for all children**

- Provide appropriate explanations and written information
- Provide appropriate dietary and fluid advice
- Liaise with multidisciplinary team as appropriate
- If products provided ensure family know how to use, how to reorder and how to arrange reassessment
- Consider compliance and safeguarding issues